



Administrative Policies and Procedures: 20.15

Subject:	Medication Administration, Storage and Disposal
Authority:	TCA 37-5-106, TCA 68-1-904
Standards:	ACA 3JTS-4C-19, ACA 3JTS-4C-20, ACA 3 JTS-4C-21 DCS Practice Model Standards 7-100A, 7-11-114C, 7-200A, 7,209A, 8-306
Application:	To All Department of Children's Services Employees and Contract Provider Employees

Policy Statement:

Children/youth in custody will receive medications in a timely manner, under the direction of a prescribing practitioner, and in accordance with applicable state and federal laws. All resource homes and facilities under the direction of or contracted with the Department of Children's Services (DCS) shall regulate the handling of medications in accordance with professional standards, good security practices, and appropriate state and federal laws.

Purpose:

Children/youth in custody shall receive medications, or shall be assisted with **self-administration** of medication, in accordance with procedures that enforce and enhance the five principles of medication administration, also known as the "five rights." These simple, effective, best practice "rights" will promote safety, maximize benefits, and reduce to a minimum the risk of medication administration to children.

Procedures:

A. Principles of Medication Administration and Assisted Self-Administration	<p>Safety is the paramount concern for children/youth receiving medication. Whether children/youth are in resource homes, group homes, residential treatment facilities, or Youth Development Centers, they must receive care at a standard that affords their protection. In the administration and assisted self-administration of medications, the "five rights" are the standard.</p> <p>1. <u>Right Person:</u></p> <ul style="list-style-type: none">a) Verify the full name of the child/youth receiving the medication and compare it to the name on the prescription container.b) Resource parents/staff must not issue medication to anyone whom they cannot identify.c) Medication must be provided to one child/youth at a time. Assistance
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with self-administration must occur with one child/youth at a time.

- d) The child/youth will remain in full view while the medication is consumed.
- e) The child/youth may be asked to open his/her mouth, stick out the tongue, swallow again, and/or drink more water to ensure the oral medication has been properly ingested.
- f) The person administering or assisting with self-administration has the responsibility to be familiar with the condition of the child/youth related to allergies, ability to swallow, etc.

2. Right Drug:

- a) All medication must be dispensed from the original properly labeled container.
- b) The medication label must be reviewed prior to administration to verify the correct drug. The label should be read three (3) times: when the container is taken from the child/youth's supply, when the medication is removed from the container, and when the container is returned to the child/youth's supply.
- c) Any medication that cannot be properly identified or that looks altered should not be given.
- d) Any special considerations or directions must be reviewed prior to administration or assisted self-administration (e.g., take with food or with a full glass of water).
- e) Any medication in containers with illegible labels will not be used.
- f) Medication that has been prepared and not given/taken for any reason is to be discarded (see section N on proper disposal of medication). Never return medications to their container.

3. Right Dose:

- a) Review the medication label prior to administration or assisted self-administration to verify the dosage.
- b) Some medications have different dosages ordered for different times; these schedules must be followed accordingly.
- c) Some medications are prescribed in certain strengths; in order to give the prescribed dosage, more than one tablet must be given or a tablet must be split to equal the prescribed dosage.
- d) A single dose of each prescribed medication shall be administered at each specific time or interval. Multiple doses of medication must not be prepared for children/youth except when approved by the prescribing

	<p>provider for self-administration (see Section J on self-administration).</p> <p>4. <u>Right Time:</u></p> <ul style="list-style-type: none"> a) Medications are to be taken at the prescribed times or intervals and for the prescribed number of days or doses. b) When a specific time or time interval is ordered, the medication will be dispensed/administered no earlier than one hour before the stated time and no later than one hour after the stated time. c) A missed dose cannot be “made-up” at the next scheduled dose time without approval from the prescribing provider. <p>5. <u>Right Route:</u></p> <p>Verify the prescriber’s order and manufacturer’s direction concerning route of administration prior to administering or assisting with self-administration of medication.</p>
B. Who May Administer or Assist with Self-Administration of Medications	<ul style="list-style-type: none"> 1. Medications must be administered/distributed in accordance with the provisions of the <i>Tennessee Nurse Practice Act</i>, the <i>Tennessee Pharmacy Practice Act</i>, TCA 68-1-904, and the applicable rules and regulations of the Tennessee Boards of Nursing and Pharmacy. 2. Facilities must ensure medications are administered in <u>accordance with the licensure requirements</u> for their facility. 3. <u>Administration of medication:</u> <ul style="list-style-type: none"> ◆ Nurses may administer medication ◆ Resource parents may administer medication for children/youth placed in their homes. 4. <u>Assisting with Self-Administration of Medication:</u> <ul style="list-style-type: none"> ◆ Nurses may assist youth with the self-administration of medication. ◆ Resource parents may assist with the self-administration of medication for children/youth in their homes. ◆ Trained unlicensed personnel may assist with self-administration of medication in group homes that are either DCS group homes or group homes that are licensed under Title 37 and under contract to provide services to children in the custody of the Department of Children’s Services.

	<p>5. <u>Self-administration of Medication</u></p> <ul style="list-style-type: none"> ◆ In certain cases, a child/youth may self-administer medications as prescribed by their licensed healthcare provider. (See section J.)
<p>C. Training for Medication Administration or Assistance with Self-Administration of Medication</p>	<ol style="list-style-type: none"> 1. Resource parents shall receive and be able to document four (4) hours of comprehensive training in medication administration from a licensed nurse (or in some cases, from advanced nursing students who are training and have appropriate supervision and monitoring by their professors, who are licensed registered nurses) to ensure safety in medication procedures. Resource parents shall receive this training every two (2) years. 2. Unlicensed staff shall receive and be able to document six (6) hours of comprehensive training in assisting children/youth with self-administration of medication from a licensed registered nurse to ensure safety in medication procedures. They shall receive this training every two (2) years. These unlicensed staff must be working in a group home that is either a DCS group home or one licensed under Title 37 and under contract to provide services to children in the custody of the Department of Children's Services. 3. Documentation of training must be kept on record and shall be maintained onsite for review by the Department of Children's Services and other state reviewers.
<p>D. Written Procedures for Medication Administration and Assisting with Self Administration of Medication</p>	<ol style="list-style-type: none"> 1. Each residential facility, YDC, and group home must maintain written procedures for the administration, storage and disposal of medications. These procedures shall be maintained onsite for review by the Department of Children's Services and other state reviewers. The procedures or operations manual must include the following: <ol style="list-style-type: none"> a. Procedures for medication receipt, storage, administration/distribution, and assisting with self-administration. b. Times and locations for medication distribution. c. Provisions for distributing medications to youth in work programs or YDC youth who are in segregation and to others who cannot participate in the regularly scheduled medication distribution. d. Procedures for administration/distribution as well as assisting with the self-administration of over-the-counter (OTC) medications. e. Procedures for disposal of medication. f. Other medication procedures unique to the setting. 2. Resource homes will follow applicable procedures for the administration, storage and disposal of medications outlined in this policy. Contract agencies utilizing resource homes may have additional procedures for the administration, storage and disposal of medications. If so, these written procedures must be maintained for review by the Department of Children's Services and other state reviewers.

E. Medication Orders	<ol style="list-style-type: none"> 1. Prescription medications may only be administered/distributed on the order of a licensed healthcare provider. 2. Prescription medications must not be discontinued without consultation and approval/order from the prescribing provider. 3. Medication samples may be dispensed by a licensed healthcare provider only when accompanied by written instructions listing the child's name, name of the medication, dosage, frequency, route, and any special directions or instructions. 4. Over-the-counter medications will only be given in accordance with the manufacturer's label instruction and/or the advice of a licensed healthcare provider if taken in conjunction with prescription medication. 5. In Youth Development Centers, over-the-counter medications will only be given on the order of a licensed healthcare provider. The order must be written on a Physician Order Sheet or a Prescription form and signed by the licensed healthcare provider. The written order may allow for the youth to self-administer the medication. <i>Exception:</i> Some medications are administered according to YDC Nursing Protocols (see Health Services Administration policy, 20.1). Some over-the-counter products such as acne treatment, dandruff shampoo, special soaps, etc. can be provided through the YDC clinic or through the commissary and are kept on the dormitory in accordance with local YDC policy. <p><u>Mandatory restriction of purpose:</u> Stimulants, tranquilizers, and psychotropic drugs must <i>not under any circumstances</i>, be prescribed for or administered to a child/youth for the purposes of program control and management, coercion, retaliation, absence of treatment or staff convenience.</p>
F. Dietary Supplements	<p>Many products are marketed as dietary supplements and can include vitamins and minerals, as well as herbs, botanicals, and other substances. Dietary supplements are not intended to treat, diagnose, mitigate, prevent or cure disease. In some cases, dietary supplements may have unwanted or harmful effects. Dietary supplements should not be provided to children/youth in custody unless they are approved by a licensed healthcare provider.</p>
G. Refusal of Medication	<p>Refusal of Medication (also see Informed Consent Policy, 20.24)</p> <p>In accordance with DCS Policy 20.24, Informed Consent, youth age 14 years and older may refuse medication or treatment.</p> <ol style="list-style-type: none"> 1. If a youth refuses any medication, every effort must be made to determine the basis for the refusal. 2. At least two attempts should be made within the one hour before and one hour after stated time for the medication to be taken before documenting a refusal. 3. The prescribing provider can be notified any time a youth refuses prescribed medication. The prescribing provider must be notified if a youth continues to refuse medication for 48 hours. The FSW and treatment team, if appropriate,

	<p>should also be notified. It can be dangerous for some medications to be stopped abruptly. Note on the MAR if the prescribing provider needs to be alerted immediately if a medication is refused. This should be communicated when the prescription is written.</p> <p>4. Any youth refusing prescribed medication should sign a Release from Medical Responsibility Form CS-0093. If the youth refuses to sign, the FSW or congregate care facility staff shall complete the form and note the youth refused to sign.</p>
H. Transporting Medications	<p>Medication Transfer, form CS-0813 is completed when a child/youth is being transported with medications. Medications are collected by the placement caregiver/staff and must remain in the original labeled container. The current placement caregiver/staff lists the medication(s) on the form including the name of the medication(s) and the quantity being sent. The form is signed by the current placement caregiver/staff and the transporting staff verifying the medication name and the amount on the form matches the medication actually being sent. If possible, the medication containers may be placed in a tamper proof packet or stapled envelope. Upon arrival at the destination, the receiving placement caregiver/staff verifies and signs the form that the medication and amount sent matches what is written on the form. Any discrepancies are to be reported to both sending and receiving placements and an incident report completed.</p> <p>1. <u>Arrival at placement with medications.</u></p> <ol style="list-style-type: none"> The FSW must be aware of the medications their child/youth is taking and must ensure those medications are transferred with the child/youth when placement is changed. They are also responsible for ensuring a follow-up medication appointment is arranged for the child/youth at the new placement if this is indicated. Medications should be transported in their original prescription container, which should contain the child's name, the name and strength of the medication, the date the prescription was filled, the name and address of the dispensing pharmacy or practitioner, and directions for use. Medication should not be administered or used in assisted self-administration if the dispensing date is not current, if the medication was not prescribed for the child/youth, if the amount of medication remaining indicates the child/youth has not been taking it as prescribed, if the medication is expired, or if the medication shows evidence of tampering or deterioration (i.e., discoloration, rancid odor, etc.) In these instances, a licensed healthcare provider should be contacted for further instructions. If the child/youth is on psychotropic medications, a completed Informed Consent for Psychotropic Medication, form CS-0627, documenting consent given by the appropriate party, shall accompany the child to the new placement (See DCS Policy 20.24 Informed Consent). If a child/youth comes into custody or has been on runaway status and has missed his/her medication for 72 hours or longer, the prescribing

	<p>provider should be notified for instructions before restarting medication.</p> <p>e) <u>Youth Development Centers Receiving Medication</u></p> <p>Medication brought in upon admission to a YDC should be checked by the YDC nursing staff. A medication order must be written by the YDC physician for the youth to continue the medication. Home medications are to be disposed of and should not be kept in the facility and should not be sent home with family.</p> <p>2. <u>Departure from Placement with Medication:</u></p> <p>a) When a child/youth is discharged home or transferred from one placement to another, the medication(s) should be sent with the child/youth in the original, labeled container(s).</p> <p>b) The medication(s) should be given to the FSW or adult accompanying the minor child/youth being transferred unless the prescribing provider has approved the child/youth to receive the medication. If the youth is 18 years or older, the medication may be given to him/her at discharge.</p> <p>c) A properly completed <i>Informed Consent for Psychotropic Medication, form CS-0627</i>, documenting consent from the appropriate party, must accompany the child if he/she is on psychotropic medication and is changing placements.</p> <p>d) A thirty (30) day supply of medication should be sent with the child/youth when possible, however the quantity of medication sent should not exceed the quantity remaining for duration of treatment. If a thirty (30) day supply of medication is not available, the current placement must coordinate with the new placement regarding continued medication maintenance and appointments. If the child/youth is being transferred to a hospital setting, medications typically are not sent unless the child/youth will not be returning to that placement. However, a list of the child/youth's medications (including name, dose, route and frequency of medication) must be sent if medications do not accompany the child/youth. Students being transferred from one YDC to another YDC should be sent with the current supply of medication. For students who are transferred from a YDC to the adult criminal justice system, sending a few days worth of medication is determined on a case by case basis.</p>
I. Medication While Away from Home/Placement	<p>1. Medications should be administered at the child's/youth's home/placement when at all possible. The prescribing provider or pharmacist may be consulted to arrange a workable schedule.</p> <p>2. Some children/youth do have to take medication while away from home/placement, such as during school hours or on a temporary family visit. Only a pharmacist, physician, dentist, nurse practitioner, or physician assistant may remove medication from the original container and place it in another labeled container. If the child needs to take the medication at various locations and the original container cannot safely be transported with the</p>

	<p>child, duplicate prescription containers may be requested through the pharmacist. Putting pills in an envelope is not allowed. If individual blister packs are separated for later use and distribution, each blister pack must include an original pharmacy label, not a copy of the label.</p> <p>3. Medication for Pass, form CS-0836 must be completed for children/youth that need to take medication while on pass. The form shall include the name of the medication(s) being sent, medication count(s), instructions explaining when the medication(s) is to be taken including any special directions, and a space for the pass caregiver to document that the medication(s) was taken. The form is returned with the child/youth at the end of the pass.</p> <p>4. Narcotic medication should not be sent for work or passes unless special arrangements have been made with the prescribing provider. Youth taking narcotic medications must not be involved in work situations in which side effects could pose a safety issue (e.g., sleepiness while operating machinery or driving, etc.).</p>
J. Self-Administration of Medications	<p>1. In certain cases, a child/youth may self-administer medications as prescribed by their licensed healthcare provider. The prescribing provider must write an order outlining which medication the child/youth can self-administer and when or under what circumstances. A copy of the order is submitted to the Regional DCS Nurse or the YDC Health Administrator as applicable and a copy is kept on file at the child's placement location.</p> <p>2. A self-administration program must be developed according to the child/youth's needs and capabilities.</p> <p>3. The child/youth must be trained by a licensed healthcare provider. The prescribing provider and resource parent/group home/clinic staff will provide ongoing training and evaluation of the child's/youth's progress.</p> <p>4. Medications for children/youth that are on a self-administration program must be stored in such a way as to make them inaccessible to all other children/youth in the home or facility.</p>
K. Medication Documentation	<p>1. <u>Resource Homes:</u></p> <p>Resource parents will keep a medication record for each child on prescription medications. The Resource Home Prescription Medication Record, form CS-0630 (or equivalent form) is used for this purpose. This medication record/form must include the child's name, name of the prescribed medications, dosage (including concentration if appropriate), frequency, date and time, reason for any missed or refused doses, any side effects noted, any changes or improvements observed, next appointment date and time, and number of refills remaining.</p> <p>a) The Resource Home Prescription Medication Record, CS-0630 (or equivalent form) should be taken to appointments as a source of information for the healthcare provider.</p> <p>b) The FSW should review the Resource Home Prescription Medication</p>

	<p>Record, CS-0630 (or equivalent form) at each visit and assist the resource parents with any problems. The FSW must collect these forms for the child's case file.</p> <p>c) The FSW also should review the child's "Health Service Summary" from the TNKids database and provide a copy of this information to the resource parent. The resource parent can take this summary to appointments as additional information for the healthcare provider.</p> <p>2. <u>Group Homes, Residential Treatment Facilities, and Youth Development Centers:</u></p> <p>An individual Medication Administration Record (MAR) (or other method of documentation for group homes, such as a Medication Observation Record, form CS-0593 to document assistance with youth's self-administration of medication) shall be maintained on each child/youth who receives medication. DCS group homes must use Medication Observation Record, form CS-0593 for documentation of assisted self administration.</p>
L. Counting Medication	<p>1. <u>Resource Homes</u></p> <p>All prescription medications should be counted at least weekly. These medication counts are recorded on the Resource Home Prescription Medication Record, form CS-0630 (or similar form).</p> <p>2. <u>Group Homes and Residential Treatment Facilities</u></p> <p>All prescription medications must be counted at least daily. A written log of this count must be kept with the medication. The written log may be part of the Medication Administration Record (or other method of documentation for group homes, such as the Medication Observation Record, form CS-0593 used to document staff assistance with the youth's self-administration of medication). Narcotics and controlled substances must be counted every shift. DCS group homes must use Medication Observation Record, form CS-0593 for documentation of medication counts.</p> <p>3. <u>Youth Development Centers</u></p> <ul style="list-style-type: none"> ◆ Controlled drugs must be counted every shift. A written log of this count must be kept with the medication.
M. Medication Storage	<p>1. <u>Resource Homes</u></p> <p>a) All medication will be stored in the original labeled container or in containers with a label provided by the pharmacy.</p> <p>b) At a minimum, all prescriptions medication and all over-the-counter medications must be single locked. An exception is medication that must be kept cold may be kept in the refrigerator.</p> <p>c) Medication cannot be left out for children/youth to retrieve themselves.</p>

	<p>2. <u>Group Homes, Residential Treatment Facilities, and Youth Development Centers</u></p> <p>a) All medication is stored in the original container labeled by the pharmacy or manufacturer.</p> <p>b) All prescription medications and all over-the-counter medications must be kept double locked in a container or area that is strictly designated for medication storage, supplies, and records relevant to medication administration.</p> <p>c) Medication requiring refrigeration must be stored in a separate locked refrigerator or in a locked container in the refrigerator.</p> <p>d) Prescription medication must be stored under each child's/youth's name in separate bins, plastic bags, hanging folders, etc.</p> <p>e) Medication cannot be left out unattended for children/youth to retrieve later.</p>
<p>N. Medication Disposal</p>	<p>1. Any medication that is discontinued, expired, unidentifiable, or has a missing or illegible label must not be used and must be destroyed.</p> <p>2. Medication cannot be saved and used for another child/youth.</p> <p>3. Medication must be destroyed when it is refused or contaminated (dropped on the floor, spit out, unusual color, leaking, etc.).</p> <p>4. There are no government guidelines for destroying medication. Pharmaceutical recommendations for the disposal of medications include:</p> <p>a) Return medication to the pharmacy or local hospital if they have a disposal program.</p> <p>b) Dispose of medication at your community household hazardous waste collection program.</p> <p>c) Dispose of medication in the garbage with the following precautions:</p> <ul style="list-style-type: none"> • Scratch out the name for security purposes • Add some water to the pills, or an absorbent material like flour or cat litter to liquid medications. • Put the containers in a paper bag or other closed container to conceal them. • Put them in the garbage as close to trash pickup time as possible. <p>5. <u>Documentation of Medication Disposal</u></p> <p>a. Medication disposal in resource homes is documented on Resource Home Prescription Medication Record form, form CS-0630 (or</p>

	<p>equivalent form).</p> <p>b. In Group Homes, two designated staff persons must be present to witness the disposal. The Medication Disposal Record, form CS-0712, or an equivalent form, is completed and includes the following information: date and time, name of the child/youth for which the medication was prescribed, name of the medication, amount destroyed, reason, means of destruction per agency policy, signature of staff destroying medication and signature of witness. DCS group homes must use Medication Disposal Record; form CS-0712 for documentation of medication disposal.</p> <p>c. Medication disposal in Residential Treatment Facilities and Youth Development Centers should be done by licensed nurses and documented appropriately.</p>
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Forms:	<u>CS-0627 Informed Consent for Psychotropic Medication</u> <u>CS-0630 Resource Home Prescription Medication Record</u> <u>CS-0813 Medication Transfer</u> <u>CS-0836 Medication for Pass</u> <u>CS-0712 Medication Disposal Record</u>
Collateral Documents:	None

Glossary:	
Medication Administration	Dispensing or giving a child/youth the correct dose of prescribed or over-the-counter medication at the correct time and via the correct route. The medication must be stored securely in a locked container or area so children cannot access it.
Assistance with Self-Administration	Providing oversight and supervision for a child/youth to take the correct dose of prescribed or over-the-counter medication at the correct time via the correct route. The medication must be stored securely in a locked container or area so children cannot access it.
Medication	A substance that is used to diagnose conditions/diseases, treat, prevent, alleviate the symptoms of disease or alter body processes to maintain health.
Self-Administration	The child/youth has full responsibility for taking the correct doses of prescribed or over-the-counter medication at the correct time. The child/youth is responsible for storing the medication safely so other children/youth cannot access it.